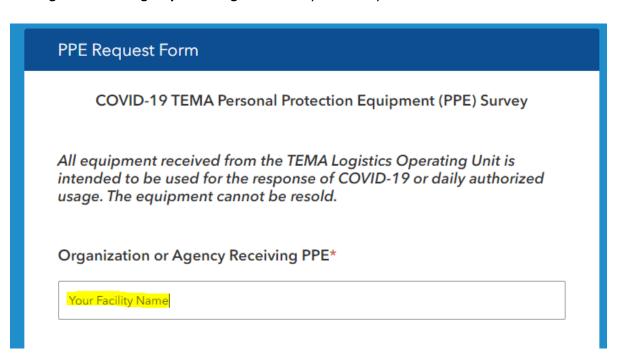


COVID-19 Guidance to Request PPE

Updated: June 11, 2020

Personal Protective Equipment (PPE) will be requested through Survey 123.

- 1. Go To: https://arcg.is/1LiCCP
- 2. Organization or Agency Receiving PPE: Enter your Facility Name under



3. **Type of Organization or Agency Receiving PPE:** If you are a Nursing Home, please select Longterm Care Facility. If you are an Assisted Living Facility or Residential Home for the Aged, please select Assisted Living.

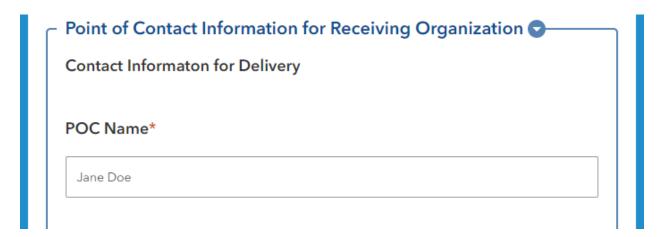
Assisted Living	O Dialysis	EMS
O Home Health	O Hospice	O Hospital
Long-term Care Facility	Public Health Dept.	O Speciality Care
O EMA	Fire Dept.	O Local Jail
C Law Enforcement	State Corrections	O DCS
State Health Dept	National Guard	О ТОМН
О ТЕМА	O THP	
Other		

4. County where this Organization or Agency is Located: Select the county in which your facility is located.

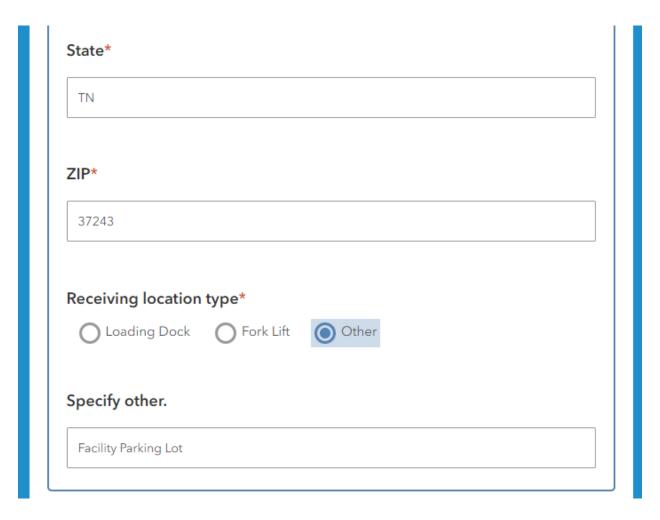


At this point, a section titled Point of Contact Information for Receiving Organization with subsequent questions should pop up. The point of contact will be the person at you facility who will work with TEMA to receive PPE supplies.

- 5. Please enter the following information in the corresponding field:
 - POC Name
 - POC Primary Phone Number
 - POC Secondary Phone Number
 - Email (please enter the POC's work email or a general inbox for the facility)
 - Delivery Site Address (Where the supplies will be delivered)
 - City
 - State
 - Zip
 - Receiving Type Location



*Valid input (###)###-##	s have the following format including the (). This can include an extension: ##
(615)555-	5555
Seconda	ry Phone Number
*Valid input (###)###-##	s have the following format including the (). This can include an extension: ##
(615)666-	6666
	s have the following format: username@domain.extension
*Valid input	
*Valid input	
jane.doe@	Ptn.gov
Valid input jane.doe Delivery 710 Jame	Site Address
Valid input jane.doe Delivery	Site Address



6. Is your contact information different than above: If the person completing the survey is not the primary point of contact, answer "yes". If it is the same person, answer "no".

We would like to also capture the contact information of the individual completing this survey in case there are any questions about this request.

Is your contact information different than above?*





7. If applicable, enter the following information in the corresponding field:

- Requestor Agency
- Requestor Name
- Requestor Primary Phone Number
- Requestor Secondary Phone Number
- Email (please enter the requestor's work email or a general inbox for the facility)

garding this re	quest
equestor Agen	су
Your Facility Name	
•	e of the Primary Point of Contact (POC) for this request.
Requestor Name lease enter the nam John Doe	
lease enter the nam	
lease enter the nam	e of the Primary Point of Contact (POC) for this request.

###)###-####	
(865)777-7777	
Email	
Valid inputs have the fo	llowing format: username@domain.extension

8. PPE Request, Select Category (select all that apply):

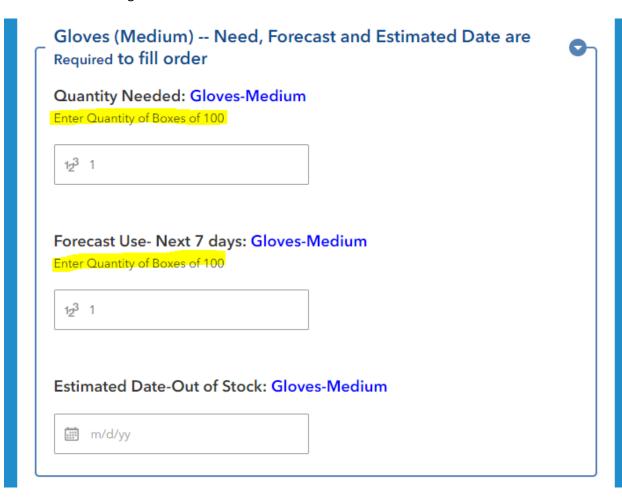
Please only request gloves, gowns, surgical masks, and face shields

PPE Request 🗨						
Select Category (select all that apply)*						
Personal Protective Equipment Supplies						
Select Personal Protective Equipment (select all that apply)						
Gloves_Sm	Gloves_Md	Gloves_Lg				
Gloves_XLg	Face Shield	Respirator (N95)				
Gowns	Surgical Masks	Goggles				
Tyvek Suit	Foot	PPE				

9. Add the **Quantity Needed** and **Forecast Use- Next 7 Days** for each PPE item requested.

Gloves (by size)

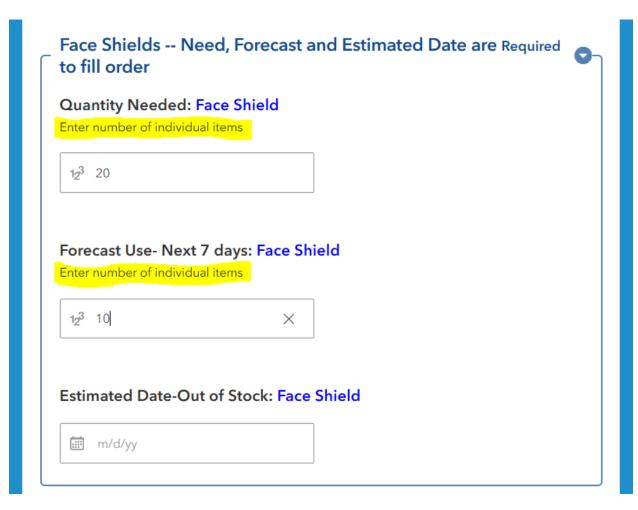
Please note that the unit for gloves is a box of 100. So if a facility requests a number of 1, they will receive 1 box of 100 gloves.



Face Shields

Please note that the unit for face shields is one item. So if a facility requests a number of 40, they will receive 40 face shields.

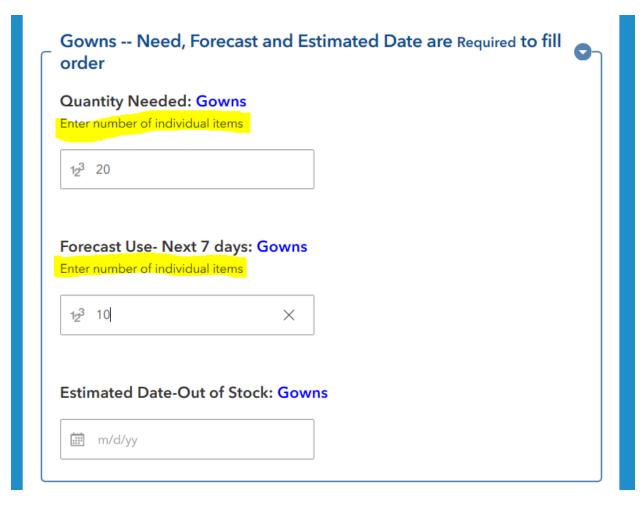
If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.



Gowns

Please note that the unit for gowns is one item. So if a facility requests a number of 40, they will receive 40 gowns.

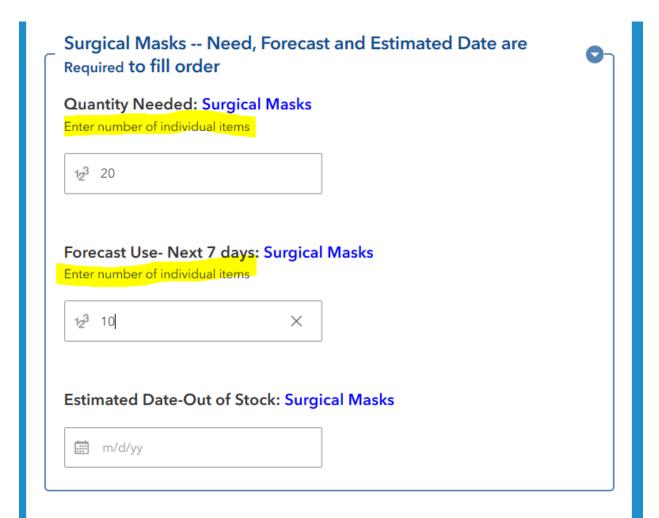
If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.



Masks

Please note that the unit for masks is one item. So if a facility requests a number of 40, they will receive 40 masks.

If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.



10. Additional Information: Please add the following information to this box.

I am requesting PPE for a licensed [Nursing Home, Residential Home for the Aged, or Assisted Living Facility]. This request if for a two week supply that will be used to test staff members. This will be a recurring need.

Additional Information

This is for providing explanations or further context to the above request. No other supplies can be requested from this form.

I am requesting PPE for a licensed [Nursing Home, Residential Home for the Aged, or Assisted Living Facility]. This request if for a two week supply that will be used to test staff members. This will be a recurring need.

780

11. Passcode: Please use 8362

Default Location (do not edit)

Passcode*

Provided Passcode is required to submit request

12³ 8362

12. Submit!